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APPROVAL OF UNDP ASSISTANCE TO A PROJECT OF INDONESIA

IPF:(1987-91) $62 659 691

(INS/91/013) - Primary Health Care Development for Remote Areas in Irian Jaya and Maluku

Date of approval by the AC:[1]	4 December 1991
Expected duration:	Four years
Proposed executing agency:	Government
Government implementing agency:	Ministry of Health
Proposed UNDP contribution:	$1 542 800 Source of funds: IPF
Total UNDP budget:	$1 542 800

Project background

The Fifth National Development Plan (1989-1990 to 1993-1994) places a high priority on the development of remote provinces in the eastern part of Indonesia. Irian Jaya and Maluku are the least developed and most sparsely populated provinces with the highest infant and maternal mortality rates in Indonesia. Only about 70 per cent of the population in Irian Jaya and 59 per cent in Maluku are covered by health services of some sort which, very often, is of totally inadequate standard. The district of Merauke is the largest and the most remote region of Irian Jaya consisting of swampy, clay and peat alluvial plains covered by wetland forests intertwined with numerous criss-crossing streams and rivers. In Merauke, the Agats and three neighboring sub-districts are the most under-developed, inhabited by Asmat tribes living at the subsistence level and leading a very primitive rural life dependent largely on hunting for food supply. In Maluku province, the district of Bacan consists of one big island surrounded by clusters of several small islands. It has 74 villages of which 60 can only be reached by boat.

The existing health facilities and manpower for primary health care in these sub-districts are inadequate to deal with the severe health problems encountered there. The difficulties are accelerated due to lack of community participation in health, since the local people are primarily engaged in search of daily food for survival. The low economic status and little or non-existent agricultural activities contribute to malnutrition, especially among women and children. Lack of communication and transportation in the scattered islands of Bacan and the very thick forests divided by criss-crossing rivers in the Asmat area of Irian Jaya contribute to the difficult access of the tribal people to the existing limited and very inadequate health services, which suffer from poor supervision, monitoring and management. The ten leading diseases prevalent in these areas are:

[1] This Fact Sheet reflects the status of the project/revision at the time it was approved by the Action Committee; modifications to the project/revision may have occurred subsequently.

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respiratory-tract infection, malaria, skin and subcutaneous infection, gastrointestinal disorder, tuberculosis, anaemia, oral and dental disorders, eye infection and hypertension.

UNDP assistance was provided during 1984-1989 to extend health care coverage to the under-served population in isolated and transmigration areas in Irian Jaya (INS/82/006). A joint GOI/UNDP/WHO mission fielded in 1989 to evaluate this project found that the accomplishments of this project assistance were impressive. The mission was of the view, however, that although the project made a significant contribution to strengthening of health services and increasing the quantity of health manpower, far more needs to be done to improve the quality of health manpower and health services. Because of the special conditions in Irian Jaya (social-cultural variations, economic underdevelopment, special communication and transportation problems, geographic isolation), the mission recommended that UNDP provide further support to the province.

Description of project

The development objective of the project is to strengthen the Primary Health Care (PHC) services in the very remote/isolated and economically under-developed areas of Irian Jaya and Maluku, inhabited by tribal groups. The four subdistricts of the district of Merauke of Irian Jaya province where primary health care pilot efforts will be implemented are Agats, Alsy, Sawa Erma and Pantai Kasuari. In Maluku, the Programme will cover the Bacan sub-district with surrounding scattered islands.

Project activities will include: (a) identification and development of appropriate health interventions relevant to the geographical remoteness of the areas and acceptable to deeply rooted local traditional values; (b) strengthening of the existing health infrastructure operated by the Government as well as NGOs and missionary groups in the areas so as to provide effective and efficient PHC services; and (c) strengthening of the concept of living together and helping each other through various community development activities. Participating activities undertaken under this programme will be used as entry points to enhance the potential for other development activities in these remote and undeveloped areas. The experiences gained through the programme will be utilized as models for future expansion and extension of PHC services in other areas with similar remote conditions.

Inputs

UNDP will provide 180 work-months of national experts, 36 work-months of a health administrator, 72 work-months of two provincial programme managers; 72 work-months of health education specialists, and 12 work-months of international consultancies in programme evaluation and in conducting the anthropological study, 35 p/m of short-term consultancies in various fields such as training, programme planning and evaluation, behavioral research, etc.; 17 subcontracts for conducting studies on knowledge aptitude and practices, related income generating activities, health care intervention packages, etc; in-country fellowship training programmes for four doctors and four nurses assigned to the programme areas; in-service training of health centre staff and training of volunteer health workers; and procurement of essential supplies and equipment including transportation and communication equipment.

Financial data

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Personnel	565 900
Subcontract	271 000
Training	164 000
Equipment	464 000
Miscellaneous	77 900
Total	1 542 800

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